

Please type a plus sign (+) inside 

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# NEW UTILITY PATENT APPLICATION TRANSMITTAL

(to be used for new applications only)

Attorney Docket Number

12  
GNCUS

First Named Inventor

Frampton E. ELLIS, III

Total Pages in this Submission

6

**APPLICATION ELEMENTS**

**Notice:** Checklist items mentioned under Application Elements section construct a new utility patent application. Please refer to PAPER Sections 506, 601, 17 CFR 1.77, 1.53, 35 USC 111, 112, 113) for detailed explanation regarding completeness of an original patent application.

66793 U.S.

05/27/98

 Fee Transmittal Form (prescribed filing fee(s))

## 2. Specification



Title of the Invention

Cross References to Related Applications  
(if applicable)Statement Regarding Federally-sponsored  
Research/Development (if applicable)Reference to Microfiche Appendix  
(if applicable)

Background of the Invention



Brief Summary of the Invention

Brief Description of the Drawings  
(if drawings filed)

Detailed Description

80 pages



Claim or Claims

8 claims



Abstract of the Disclosure

3.  Drawing(s) (when necessary as prescribed by  
35 USC 113) 17 pages, incl.4.  Figs. 16A-Z & 16AA, 17A-D,  
Executed Declaration5. Genetic Sequence Submission  
(if applicable, all must be included)

Paper Copy



Computer Readable Copy

Statement Verifying Identical Paper and  
Computer Readable Copy**ACCOMPANYING APPLICATION PARTS**6.  Assignment Papers7.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)8.  Computer Program in Microfiche9.  English Translation Document (if applicable)10.  Information Disclosure Statement/PTO-1449  Copies of IDS  
Citations11.  Petition Checklist and Accompanying Petition12.  Preliminary Amendment13.  Proprietary Information14.  Return Receipt Postcard15.  Small Entity Statement16.  Additional Enclosures (please identify below):

18A-D, 19, &amp; 20A-B

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**Firm  
or  
Individual name

Frampton E. ELLIS, III

Signature

Date

5/27/98

**FOR OFFICIAL USE ONLY**

|                    |                  |       |                         |                    |                   |
|--------------------|------------------|-------|-------------------------|--------------------|-------------------|
| Application Number |                  | Class |                         | Independent Claims |                   |
| Date of Receipt    | Application Type | GAU   |                         | Total Claims       |                   |
|                    | Filing Date      |       | Foreign Filing License? |                    | Drawing Sheets    |
|                    | Small Entity     |       | Foreign Address?        |                    | Special Handling? |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231.  
DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection

## FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT (\$)

395.00

Complete if Known

|                        |                        |  |  |
|------------------------|------------------------|--|--|
| Application Number     |                        |  |  |
| Filing Date            |                        |  |  |
| First Named Inventor   | Frampton E. ELLIS, III |  |  |
| Group Art Unit         |                        |  |  |
| Examiner Name          |                        |  |  |
| Attorney Docket Number | GNC12US                |  |  |

| METHOD OF PAYMENT (check one)   |              |           |           | FEE CALCULATION (continued)  |  |                      |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
|---|--------------|-----------|-----------|--|--|----------------------|--|--------------|--------------|-----|-----|-----|-----------------|----------|-----------|-----------|-----------|-----------|-----------|--|--|-----|-----|-----|----|----|-------------------------------------|----------------------|-----|----|-----|----|----|--|----------------------|-----|-----|-----|-----|-----|---------------------------|----------------------|-----|-------|-----|-------|-------|--|----------------------|-----|-----|-----|-----|-----|--|----------------------|-----|-------|-----|-------|-------|---|----------------------|-----|-----|-----|----|----|---|----------------------|-----|-----|-----|-----|-----|--|----------------------|-----|-----|-----|-----|-----|---|----------------------|-----|-------|-----|-----|-----|--|----------------------|-----|-----|-----|-----|-----|------------------|----------------------|-----|-----|-----|-----|-----|--|----------------------|-----|-----|-----|-----|-----|--------------------------|----------------------|-----|-------|-----|-------|-------|---|----------------------|-----|-----|-----|----|----|--|----------------------|-----|-------|-----|-----|-----|--|----------------------|-----|-------|-----|-----|-----|--------------------------------|----------------------|-----|-----|-----|-----|-----|------------------|----------------------|-----|-----|-----|-----|-----|-----------------|----------------------|-----|-----|-----|-----|-----|-------------------------------|----------------------|-----|----|-----|----|----|---|----------------------|-----|-----|-----|-----|-----|---|----------------------|-----|----|-----|----|----|--|----------------------|-----|-----|-----|-----|-----|---|----------------------|-----|-----|-----|-----|-----|--|----------------------|---------------------------|--|--|--|----------------------|--|--|--|---------------------------|--|--|--|----------------------|--|--|--|-------------------|--|--|--|-------------------|--|--|--|
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br>Deposit Account Number <input type="text"/><br>Deposit Account Name <input type="text"/><br><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.16 at the mailing of the Notice of Allowance, 37 CFR 1.311(b) |              |           |           | 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Code (\$)</th> <th>Code (\$)</th> <th>Code (\$)</th> <th>Code (\$)</th> <th>Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>206</td><td>66</td><td>66</td><td>Surcharge - late filing fee or oath</td><td><input type="text"/></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td><input type="text"/></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>130</td><td>Non-English specification</td><td><input type="text"/></td></tr> <tr><td>147</td><td>2,460</td><td>147</td><td>2,460</td><td>2,460</td><td>For filing a request for reexamination</td><td><input type="text"/></td></tr> <tr><td>112</td><td>900</td><td>112</td><td>900</td><td>900</td><td>Requesting publication of SIR prior to Examiner action</td><td><input type="text"/></td></tr> <tr><td>113</td><td>1,790</td><td>113</td><td>1,790</td><td>1,790</td><td>Requesting publication of SIR after Examiner action</td><td><input type="text"/></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>55</td><td>Extension for response within first month</td><td><input type="text"/></td></tr> <tr><td>116</td><td>300</td><td>216</td><td>185</td><td>185</td><td>Extension for response within second month</td><td><input type="text"/></td></tr> <tr><td>117</td><td>830</td><td>217</td><td>485</td><td>485</td><td>Extension for response within third month</td><td><input type="text"/></td></tr> <tr><td>118</td><td>1,470</td><td>218</td><td>735</td><td>735</td><td>Extension for response within fourth month</td><td><input type="text"/></td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td><td>150</td><td>Notice of Appeal</td><td><input type="text"/></td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td><td>150</td><td>Filing a brief in support of an appeal</td><td><input type="text"/></td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td><td>130</td><td>Request for oral hearing</td><td><input type="text"/></td></tr> <tr><td>138</td><td>1,470</td><td>138</td><td>1,470</td><td>1,470</td><td>Petition to institute a public use proceeding</td><td><input type="text"/></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>55</td><td>Petition to revive unavoidably abandoned application</td><td><input type="text"/></td></tr> <tr><td>141</td><td>1,290</td><td>241</td><td>645</td><td>645</td><td>Petition to revive unintentionally abandoned application</td><td><input type="text"/></td></tr> <tr><td>142</td><td>1,290</td><td>242</td><td>645</td><td>645</td><td>Utility issue fee (or reissue)</td><td><input type="text"/></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>220</td><td>Design issue fee</td><td><input type="text"/></td></tr> <tr><td>144</td><td>650</td><td>244</td><td>325</td><td>325</td><td>Plant issue fee</td><td><input type="text"/></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="text"/></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>50</td><td>Petitions related to provisional applications</td><td><input type="text"/></td></tr> <tr><td>126</td><td>230</td><td>126</td><td>230</td><td>230</td><td>Submission of Information Disclosure Stmt</td><td><input type="text"/></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td><input type="text"/></td></tr> <tr><td>146</td><td>770</td><td>246</td><td>385</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td><input type="text"/></td></tr> <tr><td>149</td><td>770</td><td>249</td><td>385</td><td>385</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td><input type="text"/></td></tr> <tr><td colspan="4">Other fee (specify) _____</td><td colspan="4"><input type="text"/></td></tr> <tr><td colspan="4">Other fee (specify) _____</td><td colspan="4"><input type="text"/></td></tr> <tr> <td colspan="4">SUBTOTAL (1) (\$)</td> <td colspan="4">SUBTOTAL (3) (\$)</td> </tr> </tbody> </table> |  |                      |  | Large Entity | Small Entity | Fee | Fee | Fee | Fee Description | Fee Paid | Code (\$) |  |  | 105 | 130 | 206 | 66 | 66 | Surcharge - late filing fee or oath | <input type="text"/> | 127 | 50 | 227 | 25 | 25 | Surcharge - late provisional filing fee or cover sheet | <input type="text"/> | 139 | 130 | 139 | 130 | 130 | Non-English specification | <input type="text"/> | 147 | 2,460 | 147 | 2,460 | 2,460 | For filing a request for reexamination | <input type="text"/> | 112 | 900 | 112 | 900 | 900 | Requesting publication of SIR prior to Examiner action | <input type="text"/> | 113 | 1,790 | 113 | 1,790 | 1,790 | Requesting publication of SIR after Examiner action | <input type="text"/> | 115 | 110 | 215 | 55 | 55 | Extension for response within first month | <input type="text"/> | 116 | 300 | 216 | 185 | 185 | Extension for response within second month | <input type="text"/> | 117 | 830 | 217 | 485 | 485 | Extension for response within third month | <input type="text"/> | 118 | 1,470 | 218 | 735 | 735 | Extension for response within fourth month | <input type="text"/> | 119 | 300 | 219 | 150 | 150 | Notice of Appeal | <input type="text"/> | 120 | 300 | 220 | 150 | 150 | Filing a brief in support of an appeal | <input type="text"/> | 121 | 260 | 221 | 130 | 130 | Request for oral hearing | <input type="text"/> | 138 | 1,470 | 138 | 1,470 | 1,470 | Petition to institute a public use proceeding | <input type="text"/> | 140 | 110 | 240 | 55 | 55 | Petition to revive unavoidably abandoned application | <input type="text"/> | 141 | 1,290 | 241 | 645 | 645 | Petition to revive unintentionally abandoned application | <input type="text"/> | 142 | 1,290 | 242 | 645 | 645 | Utility issue fee (or reissue) | <input type="text"/> | 143 | 440 | 243 | 220 | 220 | Design issue fee | <input type="text"/> | 144 | 650 | 244 | 325 | 325 | Plant issue fee | <input type="text"/> | 122 | 130 | 122 | 130 | 130 | Petitions to the Commissioner | <input type="text"/> | 123 | 50 | 123 | 50 | 50 | Petitions related to provisional applications | <input type="text"/> | 126 | 230 | 126 | 230 | 230 | Submission of Information Disclosure Stmt | <input type="text"/> | 581 | 40 | 581 | 40 | 40 | Recording each patent assignment per property (times number of properties) | <input type="text"/> | 146 | 770 | 246 | 385 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) | <input type="text"/> | 149 | 770 | 249 | 385 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) | <input type="text"/> | Other fee (specify) _____ |  |  |  | <input type="text"/> |  |  |  | Other fee (specify) _____ |  |  |  | <input type="text"/> |  |  |  | SUBTOTAL (1) (\$) |  |  |  | SUBTOTAL (3) (\$) |  |  |  |
| Large Entity  | Small Entity | Fee       | Fee       | Fee  | Fee Description  | Fee Paid             |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| Code (\$)   | Code (\$)    | Code (\$) | Code (\$) | Code (\$)  |  |                      |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 105   | 130          | 206       | 66        | 66   | Surcharge - late filing fee or oath  | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 127   | 50           | 227       | 25        | 25   | Surcharge - late provisional filing fee or cover sheet                     | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 139   | 130          | 139       | 130       | 130  | Non-English specification  | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 147   | 2,460        | 147       | 2,460     | 2,460  | For filing a request for reexamination                                     | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 112   | 900          | 112       | 900       | 900  | Requesting publication of SIR prior to Examiner action                     | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 113   | 1,790        | 113       | 1,790     | 1,790  | Requesting publication of SIR after Examiner action                        | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 115   | 110          | 215       | 55        | 55   | Extension for response within first month                                  | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 116   | 300          | 216       | 185       | 185  | Extension for response within second month                                 | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 117   | 830          | 217       | 485       | 485  | Extension for response within third month                                  | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 118   | 1,470        | 218       | 735       | 735  | Extension for response within fourth month                                 | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 119   | 300          | 219       | 150       | 150  | Notice of Appeal   | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 120   | 300          | 220       | 150       | 150  | Filing a brief in support of an appeal                                     | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 121   | 260          | 221       | 130       | 130  | Request for oral hearing   | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 138   | 1,470        | 138       | 1,470     | 1,470  | Petition to institute a public use proceeding                              | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 140   | 110          | 240       | 55        | 55   | Petition to revive unavoidably abandoned application                       | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 141   | 1,290        | 241       | 645       | 645  | Petition to revive unintentionally abandoned application                   | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 142   | 1,290        | 242       | 645       | 645  | Utility issue fee (or reissue)   | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 143   | 440          | 243       | 220       | 220  | Design issue fee   | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 144   | 650          | 244       | 325       | 325  | Plant issue fee  | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 122   | 130          | 122       | 130       | 130  | Petitions to the Commissioner  | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 123   | 50           | 123       | 50        | 50   | Petitions related to provisional applications                              | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 126   | 230          | 126       | 230       | 230  | Submission of Information Disclosure Stmt                                  | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 581   | 40           | 581       | 40        | 40   | Recording each patent assignment per property (times number of properties) | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 146   | 770          | 246       | 385       | 385  | Filing a submission after final rejection (37 CFR 1.129(a))                | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| 149   | 770          | 249       | 385       | 385  | For each additional invention to be examined (37 CFR 1.129(b))             | <input type="text"/> |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| Other fee (specify) _____   |              |           |           | <input type="text"/>   |  |                      |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| Other fee (specify) _____   |              |           |           | <input type="text"/>   |  |                      |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| SUBTOTAL (1) (\$)   |              |           |           | SUBTOTAL (3) (\$)  |  |                      |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |
| * Reduced by Basic Filing Fee Paid  |              |           |           |  |  |                      |  |              |              |     |     |     |                 |          |           |           |           |           |           |  |  |     |     |     |    |    |                                     |                      |     |    |     |    |    |  |                      |     |     |     |     |     |                           |                      |     |       |     |       |       |  |                      |     |     |     |     |     |  |                      |     |       |     |       |       |   |                      |     |     |     |    |    |   |                      |     |     |     |     |     |  |                      |     |     |     |     |     |   |                      |     |       |     |     |     |  |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |  |                      |     |     |     |     |     |                          |                      |     |       |     |       |       |   |                      |     |     |     |    |    |  |                      |     |       |     |     |     |  |                      |     |       |     |     |     |                                |                      |     |     |     |     |     |                  |                      |     |     |     |     |     |                 |                      |     |     |     |     |     |                               |                      |     |    |     |    |    |   |                      |     |     |     |     |     |   |                      |     |    |     |    |    |  |                      |     |     |     |     |     |   |                      |     |     |     |     |     |  |                      |                           |  |  |  |                      |  |  |  |                           |  |  |  |                      |  |  |  |                   |  |  |  |                   |  |  |  |

## SUBMITTED BY

Typed or Printed Name

Frampton E. ELLIS, III

Complete (if applicable)

Reg. Number

Signature

Date

5/27/98

Deposit Account User ID

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents.